NEW YORK STATE DEPARTMENT OF HEALTH BUREAU OF CONTROLLED SUBSTANCES

APPLICATION FOR LICENSE TO ENGAGE IN A CONTROLLED SUBSTANCE ACTIVITY

Note-Requirements for each license classification can be found in New York State's Code of Rules and Regulation (NYCRR), Title 10, Part 80, These regulations can be found at www.health.state.ny.us/nysdoh/phforum, then seek NYCRR, go to "TITLE 10", go to "search title 10", then go to − "80", and then "Part 80 rules & regs. (this is the index)

NAME		County:	Who should wanne:	e contact?
D/B/A		Application		
Street			Title:	
CityZipCode				
(when using a P.O. Box you must also use a stre	et address)		Tel. #:	
(When using a 110. Box you must also use a serv	oct dadi ess)		<u> </u>	
1) LICENSE CLASSIFICATION – Ch	eck Only One Box (F	ee is for TWO YE.	ARS)	
☐ CLASS 1 Manufacturer		CLASS 5 Instruction	onal Activities	\$40
☐ CLASS 1a Manufacturer(out of state)	¢1200	□ CLASS 7 Research and Instructional \$40		\$40
☐ CLASS 2 Distributor	A1200	hedule I)	and mstructionar	ΨΨΟ
CLASS 2a Distributor (out of state)		CLASS 8 Analytic	al Laboratory	\$40
☐ CLASS 3 Institutional Dispenser		CLASS 9 Importe		\$1200
☐ CLASS 3a Institutional Dispenser -	A 4 0 0	CLASS 9a Importer		\$1200
limited		CLASS 10 Exporte		\$1200
□CLASS 3b Limited to obtaining official	¢100	CLASS 10a Exporte		\$1200
RX's UCLASS 4 Researcher (Schedules II-V)	\$40			
Note: All licensees –except 3a and 3b must have on-site licensed pharmacy. 2) DRUG SCHEDULES that will be utilities.	•		ontrolled Substal	ioo uomviiyi
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R		D. number T d application to:	New York State Departme Bureau of Controlled Subs 433 River Street, Suite 303 Troy, NY, 12180-2299		Telephone number Telephone: (518) - 402-0708	
	Date	s	ignature and Title of Officer	or Applicant		
	Applicant sign Under the pena	ature (must be an alties of perjury,	original signature in ink.)		nd that I have become knowledgeable	
		no answer "Yes" ch statement with	•		mit a statement explaining such response	
	Yes 🗆 No	Yes	s□ No □	registration bed	sional license or controlled substance en revoked, suspended, denied, restricted robation? Yes \Bo No \Bold	
	connected with	n revok	ed, suspended, denied, cted or placed on probation?	convicted of a substances und	felony or a crime involving controlled der state or federal law, or has a state or	
	Has the application been convicted felony or a crim	d of a federa	he applicant ever had a state or al professional license or olled substance registration	or corporation	t is a partnership, stockholder, proprietor (other than a corporation whose stock is ded by the public) has any officer been	
8)	lo th	ocal regional offic	e of the Bureau of Controlled S	ubstances and the	otification shall be by first contacting the en shall be reported on forms provided by ncies does not relieve the licensee of this	
	sl d 5. L	hall be promptly re iscontinued. icensee shall pron	eturned to the Department whe apply report to the Department of	the activity for a	which the applicant is licensed has been lleged incident of theft, loss or possible	
	4. O	wnership in institu hat any license so	ational and business registrants issue as a result of this applica	shall be immedia ion for license sh	tely reported to the Department. nall be promptly returned to the deral license for this activity. License	
	a: a:	 That the registrant shall be under a continuing duty to inform the New York State Department of Health of any changes, such as change of name, change of address and of substantial changes to the physical security and means of recordkeeping regarding the controlled substances. That the license privilege herein applied for, if granted, shall not be transferred. Change in name or 				
	stipulation 1. T	ns and condition That the applicant in licensed activity	s: s knowledgeable concerning al y and shall comply with such re	laws and regulat	tions, both State and Federal, regarding	
7)		LEDGEMENT E		ssued hereon s	hall be subject to the following	
	Signature	e:	Type of p	rofessional Licen	se and Number (if any):	
6)	If other the Print Na		, who will be supervising the o	ontrolled substa	nce ac tivity?	
	This proj	posai must con	ipiy with the specific regu	latory requiren	ment for the specific license.	

Fee must be included. Check or money order payable to: New York State Department of Health State, County, and Municipal Agencies are EXEMPT FROM FEES.